

Best Available Copy

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>my</i> | | <i>9/1/01</i> |
| O.I.P.E. CLASSIFIER | | <i>48</i> | <i>9/2/01</i> |
| FORMALITY REVIEW | | <i>25/03</i> | <i>10-8-98</i> |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| — | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

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☐ a) The term subsequent to has been disc

☐ b) The term

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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